Case 15-15676 Doc 1 Filed 05/01/15 Entered 05/01/15 12:27:08 Desc Main B1 (Official Form 1) (04/13) Document Page 1 of 8

| United S Northern Distri | | | | | on | | | Vol | untary Petition | | | |
|--|---------------|--------------------|--------------------------|--|-----------------------|-----------|---------------------------------------|--|--|--|--|--|
| Name of Debtor (if individual, enter Last, First, Mi Meller, Thomas Stephen | ddle): | | | Name of J | | | use) (Last, First, | Middle): | | | | |
| All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names): | ears | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer (if more than one, state all): 9677 | I.D. (ITIN) | /Com | plete EIN | Last four of | | | | axpayer I.I | D. (ITIN) /Complete EIN | | | |
| Street Address of Debtor (No. & Street, City, State 8031 Stonegate Dr | & Zip Code |): | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code 8031 Stonegate Dr Tinley Park, IL | | | | | | | | |
| Tinley Park, IL | ZIPCODI | E 60 4 | 187-7193 | | iik, iL | | | | ZIPCODE 60487-7193 | | | |
| County of Residence or of the Principal Place of Bu Will | ısiness: | | | County of Will | Residenc | e or of t | he Principal Pla | ce of Busin | ness: | | | |
| Mailing Address of Debtor (if different from street | address) | | | Mailing A | ddress of | Joint Do | ebtor (if differen | nt from stre | eet address): | | | |
| | ZIPCOD | E | | | | | | | ZIPCODE | | | |
| Location of Principal Assets of Business Debtor (if | different fro | m stre | eet address | above): | | | | | | | | |
| | | | | | | | | | ZIPCODE | | | |
| Type of Debtor (Form of Organization) | | | Nature of | Business one box.) | | | | | Code Under Which | | | |
| (Check one box.) | ПНеа | ılth Ca | re Busines | | ✓ Chapter | | | the Petition is Filed (Check one bo r 7 | | | | |
| ✓ Individual (includes Joint Debtors) | Sing | gle As | set Real Es | tate as defined | in 11 | Cl | napter 9 | Rec | ognition of a Foreign | | | |
| See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) | | .C. § : lroad | 101(51B) | | Chapter 11 Chapter 12 | | | | n Proceeding pter 15 Petition for | | | |
| Partnership | Stoc | ckbrok | | | Chapter 13 | | | | ognition of a Foreign | | | |
| Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | nmodi aring I | ty Broker | | | | | | main Proceeding | | | |
| | Oth | _ | Julik | | | | | Nature of (Check one | | | | |
| Chapter 15 Debtor Country of debtor's center of main interests: | | | | | | | ebts are primaril | y consume | er Debts are primarily | | | |
| - | _ | (C | Tax-Exen | npt Entity f applicable.) | | | ots, defined in 1 01(8) as "incur | | business debts. | | | |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending: | | otor is | a tax-exem | pt organization | | inc | lividual primaril | y for a | | | | |
| regarding, or against debtor is pending. | I | | f the Unite evenue Co | d States Code (t de). | he | | rsonal, family, o ld purpose." | r house- | | | | |
| Filing Fee (Check one box) | | | | | | | pter 11 Debtors | S | | | | |
| ✓ Full Filing Fee attached | | | Check or | | | • | - | | | | | |
| _ | | | | | | | fined in 11 U.S. s defined in 11 U | | | | | |
| Filing Fee to be paid in installments (Applicable only). Must attach signed application for the cour | | ls | Check if: | | Jusiness C | icotor a. | defined in 11 C | J.B.C. § 10 |)1(31 D). | | | |
| consideration certifying that the debtor is unable except in installments. Rule 1006(b). See Officia | to pay fee | | | | | | | | to insiders or affiliates) are less e years thereafter). | | | |
| Filing Fee waiver requested (Applicable to chapt | er 7 individu | ıals | Check all | applicable bo | xes: | | | | | | | |
| only). Must attach signed application for the courconsideration. See Official Form 3B. | rt's | | | is being filed v | | | | | 16 1:4 : | | | |
| consideration. See Official Point 3B. | | | | ances of the pi | | | prepention from | one or mo | ore classes of creditors, in | | | |
| Statistical/Administrative Information | | | | | | | | | THIS SPACE IS FOR | | | |
| Debtor estimates that funds will be available for Debtor estimates that, after any exempt property | | | | | id there | will be n | o funde availab | la for | COURT USE ONLY | | | |
| distribution to unsecured creditors. | y is excluded | ı ana ı | adiimiistrat | те скрепаса ра | id, there | will be i | io funds avanao | 101 | | | | |
| Estimated Number of Creditors | ı | - | | _ | _ | | _ | _ | | | | |
| 1-49 50-99 100-199 200-999 1,(| 000- | □ 5,001 | | 10,001- | □ 25,001- | | 50,001- | Over | | | | |
| · | 000- | 10,00 | | 25,000 | 50,000 | | 100,000 | 100,000 | | | | |
| Estimated Assets | ı | | | _ | | | | | | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 to \$1 | .000.001 to | □ \$10 0 | 000.001 | 50,000,001 to | \$100,00 | 00.001 | \$500,000,001 | More that | n | | | |
| | 0 million | | | \$100 million | | | to \$1 billion | \$1 billion | | | | |
| Estimated Liabilities | | _ | | | | | | | | | | |
| \$0 to \$50.001 to \$100.001 to \$500.001 to \$1 | .000.001 to | \$10.0 | 000.001 | \$50,000,001 to | \$100.00 | 0.001 | \$500.000.001 | More that | n | | | |

\$50,000 \$100,000 \$500,000 \$1 million \$10 million to \$50 million to \$50 million to \$500 million to \$1 billion

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|--|---|--|--|--|--|--|
| Voluntary Petition (This page must be completed and filed in every case) | Name of Debtor(s): Meller, Thomas Stephen & I | | | | | |
| All Prior Bankruptcy Case Filed Within Last | t 8 Years (If more than two, attac | h additional sheet) | | | | |
| Location Where Filed: None | Case Number: | Date Filed: | | | | |
| Location Where Filed: | Case Number: | Date Filed: | | | | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or | Affiliate of this Debtor (If mo | re than one, attach additional sheet) | | | | |
| Name of Debtor: None | Case Number: | Date Filed: | | | | |
| District: | Relationship: | Judge: | | | | |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. | whose debts are primarily consumer debts.) | | | | | |
| | X /s/ G Paul McFarling | 5/01/15 | | | | |
| | Signature of Attorney for Debtor(s) | Date | | | | |
| or safety? Yes, and Exhibit C is attached and made a part of this petition. No Exhi (To be completed by every individual debtor. If a joint petition is filed, ea Exhibit D completed and signed by the debtor is attached and ma If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached. | de a part of this petition. | ch a separate Exhibit D.) | | | | |
| Information Decords | ng the Debter - Venue | | | | | |
| | | is District for 180 days immediately | | | | |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general p | | | | | | |
| Debtor is a debtor in a foreign proceeding and has its principal pl or has no principal place of business or assets in the United States I in this District, or the interests of the parties will be served in reg | but is a defendant in an action or pro | oceeding [in a federal or state court] | | | | |
| Certification by a Debtor Who Reside | es as a Tenant of Residential l | Property | | | | |
| | licable boxes.) | | | | | |
| (Name of landlord that | at obtained judgment) | | | | | |
| (Address o | of landlord) | | | | | |
| ☐ Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for post | e circumstances under which the de | | | | | |
| ☐ Debtor has included in this petition the deposit with the court of a filing of the petition. | any rent that would become due du | uring the 30-day period after the | | | | |
| | | | | | | |

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Meller, Thomas Stephen & Meller, Julie Ann

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Thomas S. Meller

Signature of Debtor

Thomas S. Meller

X /s/ Julie A. Meller

Signature of Joint Debtor

Julie A. Meller

(815) 469-5025

Telephone Number (If not represented by attorney)

May 1, 2015

Date

Signature of Attorney*

X /s/ G Paul McFarling

Signature of Attorney for Debtor(s)

G Paul McFarling 6244669 Attorneys Serving You 1701 S 1st Ave Ste 202 Maywood, IL 60153-2400 (708) 344-4567 Fax: (708) 343-9803 pmcfarling@asylaw.com

May 1, 2015

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signat | ure of Author | rized Individua | ıl | |
|---------|---------------|-----------------|--------|--|
| Printe | l Name of Au | ıthorized Indiv | vidual | |
| Title o | f Authorized | Individual | | |

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Date

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| Signature | of Foreign Repre | esentative | |
|-----------|------------------|----------------|--|
| Printed N | ame of Foreign R | Penresentative | |

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address | | |
|---------|--|--|
| | | |
| | | |

| X | | | | |
|---|-----------|--|--|--|
| | Signature | | | |
| | | | | |

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

^{*}In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

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IN RE Meller, Thomas Stephen & Meller, Julie Ann Case No.

Debtor(s)

(If known)

Desc Main

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 4084 | | J | 1st Mtge on Debtors' residence located at 8031 Stonegate Dr, Tinley Park, IL 60487 | | | | 359,822.00 | 41,822.00 |
| Seterus, Inc. 14523 SW Millikan Way Beaverton, OR 97005-2344 | | | 2007-05-01 First Mortgage | | | | | |
| | | | VALUE \$ 318,000.00 | 1 | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | Ţ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | VALUE \$ | 1 | | | | |
| 0 continuation sheets attached | • | | (Total of t | Sul | | | \$ 359,822.00 | s 41,822.00 |
| Communion succes anacieu | | | | | Tot | al | | |
| | | | (Use only on la | ast j | oago | e) | \$ 359,822.00 | \$ 41,822.00 |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) B6E (Official Form SE) 15,15676 Doc 1 Filed 05/01/15 Document IN RE Meller, Thomas Stephen & Meller, Julie Ann

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Case No.

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed

| | nis Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the stical Summary of Certain Liabilities and Related Data. |
|----------|---|
| listed | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on statistical Summary of Certain Liabilities and Related Data. |
| 1 | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYI | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| | Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| <u> </u> | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| | Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| | Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| | Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| | Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |
| | * Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment. |
| | 0 continuation sheets attached |

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Debtor(s)

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IN RE Meller, Thomas Stephen & Meller, Julie Ann

n age o

Case No. _

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CODEBTOR DISPUTED AMOUNT CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM ACCOUNT NO. 1412 revovling acct 2005-05-01 **Barclays Bank Delaware** Attn: BK Dept PO Box 8801 Wilmington, DE 19899-8801 648.00 ..6125 \$4286 ...9406 \$888 ACCOUNT NO. 6125 5438 \$3267 ..6524 \$3250 Cap One ..8290 \$2786 Attn: Bk Dept. .0385 \$1799 PO Box 30285 Salt Lake City, UT 84130-0285 16,276.00 ACCOUNT NO. 4135 revolving accts ...4135 \$3800 Chase ...4931 \$2726 PO Box 15298 2007-03-01 Wilmington, DE 19850-5298 6,526.00 2011 Cadillac SRX automobile, approx 30k miles ACCOUNT NO. 5003 2011-07-01 **Chase Auto Purchase Money Security** Attn: National Bk Dept PO Box 29505 Phoenix, AZ 85038-9505 21,904.00 Subtotal 45,354.00 2 continuation sheets attached (Total of this page) (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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Desc Main

(If known)

IN RE Meller, Thomas Stephen & Meller, Julie Ann

Debtor(s)

Case No. _

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | ((| Continuation Sheet) | | | | |
|---|----------|---------------------------------------|--|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 4343 | H | J | revolving acct | | | H | |
| Citi Attn: Centralized Bk PO Box 20363 Kansas City, MO 64195-0363 | - | | | | | | 7,243.00 |
| ACCOUNT NO. 4124 | | J | revolving acct | | | | , |
| Comenity Bank/Lane Bryant 4590 E Broad St Columbus, OH 43213-1301 | | | 2005-11-01 | | | | 1,479.00 |
| ACCOUNT NO. 9249 | ╁ | J | medical services | + | | Н | 1,473.00 |
| Illinois Collection Services PO Box 1010 Tinley Park, IL 60477-9110 | - | | 9249 \$73 | | | | |
| ACCOUNT NO. 4654 | ┝ | J | revolving acct | + | | Н | 283.00 |
| Kohl's/Cap One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | | | 2007-11-01 | | | | |
| ACCOUNT NO. 6806 | | J | medical services6806 \$217.10 | | | | 1,200.00 |
| Loyola University Medical Center 2 Westbrook Corporate Ctr Ste 600 Westchester, IL 60154-5716 | | | 7672 \$ 2013-11-16 | | | | |
| 7400 | | J | Develoing Acet | + | | | 217.10 |
| ACCOUNT NO. 7126 PNC Bank, NA 1 Financial Pkwy Kalamazoo, MI 49009-8003 | | J | Revolving Acct 2008-01-01 | | | | |
| | | | | | | | 2,675.00 |
| ACCOUNT NO. 2444 | | J | revolving acct | | | | |
| Rogers and Holland PO Box 879 Matteson, IL 60443-0879 | | | 2005-09-01 | | | | |
| | | | | | | Ц | 1,085.00 |
| Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | _ | |) | \$ 14,182.10 |
| | | | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als tatis | o o | n al | \$ |

Filed 05/01/15

Entered 05/01/15 12:27:08 Page 8 of 8

Desc Main

Document

IN RE Meller, Thomas Stephen & Meller, Julie Ann

Debtor(s)

Case No. _____(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | | (, | Continuation Sheet) | | | | |
|---|----------|---------------------------------------|--|------------|--------------------|---------------------|------------------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. 0815 | | J | Student loan | \vdash | | H | |
| Sallie Mae Attn: Claims Dept PO Box 9500 Wilkes Barre, PA 18773-9500 | | | | | | | 40.754.00 |
| | | _ | royalving past | \vdash | | Н | 18,751.00 |
| ACCOUNT NO. 5580 Sears/CBNA PO Box 85520 Richmond, VA 23285-5520 | | J | revolving acct 2011-10-01 | | | | 670.00 |
| AGGOVITANO 2004 | | J | 3081 \$2145 | \vdash | | H | 670.00 |
| ACCOUNT NO. 3081 SYNCB PO Box 965005 Orlando, FL 32896-5005 | | J | 9548 \$2038 7464 \$661 2007-04-01 | | | | |
| L GGOVINTAVO 0200 | | _ | rovolving coet | \vdash | | \dashv | 4,844.00 |
| ACCOUNT NO. 9398 SYNCB / Amazon PO Box 965015 Orlando, FL 32896-5015 | | J | revolving acct 2013-03-01 | | | | |
| ACCOUNT NO. 7114 | _ | J | revolving acct | \vdash | | \dashv | 533.00 |
| TD Bank USA / Target Credit PO Box 673 Minneapolis, MN 55440-0673 | | • | 2003-12-01 | | | | 000 000 |
| ACCOUNT NO. 0626 | | J | 0626 \$3142 | | | | 669.00 |
| THD/CBNA Attn: Centralized Bk PO Box 20507 Kansas City, MO 64195-0507 | | J | 1715 \$961 | | | | |
| 4500 | | | 4582 \$242 Medical Services | _ | | \dashv | 4,103.00 |
| ACCOUNT NO. 4582 The Outsource Group 3 Cityplace Dr Saint Louis, MO 63141-7081 | | J | 9060 \$45 9069 \$31 2013-03-01 | | | | |
| Shooting 2 of 2 | | | | C1 | <u> </u> | Ц | 362.00 |
| Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als | age Fota o o | e) al n al | \$ 29,932.00 \$ 89,468.10 |